

## ATTACHMENT 3

## New procedure codes for institutes for mental disease providers

Effective for dates of service on and after January 1, 2004

Procedure code	Description	Allowable modifier	Provider type*	Copay	Max fee	Restrictions
<b>G0306</b>	Complete CBC, automated (Hgb, HCT, RBC, WBC, without platelet count) and automated WBC differential count		64	\$0.00	manually priced	
<b>G0307</b>	Complete CBC, automated (Hgb, HCT, RBC, WBC; without platelet count)		64	\$0.00	manually priced	

\*Provider type

Code

64

Description

Institutes for Mental Disease Providers